Case 19-31947-ABA Doc 30 Filed 01/26/24 Entered 01/26/24 12:20:00 Desc Main Document Page 1 of 7

Fill in this information to identify your case:								
Debtor 1	Letitia A. Rodrigu	iez						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY						
Case number	19-31947							

■ Check if this is an amended filing

Official Form 106Sum

	mmary of Your Assets and Liabilities and Certain Statistical Information	,	12/15
Be a	is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	r supplyin	g correct
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	120,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,673.87
	1c. Copy line 63, Total of all property on Schedule A/B	\$	122,673.87
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	89,469.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	69,520.00
	Your total liabilities	\$	158,989.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,309.31
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,237.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and su	ubmit this form to

the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Letitia A. Rodriguez Case number (if known) 19-31947

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____12,578.11

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cla	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	7,466.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	7,466.00

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Fill in this informa	ition to identify your case:	
Debtor 1	Letitia A. Rodriguez	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: DISTRICT OF NEW JERSEY	
Case number	19-31947	Check if this is:
(If known)		■ An amended filing
		A supplement showing postpetition chapter
	4.2.21	13 income as of the following date:
Official Fo	orm 1061	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

۱.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	LPN	
	Include part-time, seasonal, or self-employed work.	Employer's name	Woodbine Developmental Center	
	Occupation may include student or homemaker, if it applies.	Employer's address	Conto	
			Woodbine, NJ	
		How long employed to	here? 11 years	

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 6,756.72 0.00 2 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00

Calculate gross Income. Add line 2 + line 3. 6,756.72 0.00

Schedule I: Your Income Official Form 106I page 1

Deb	tor 1	Letitia A. Rodriguez	_	(Case number (<i>if kr</i>	nown)	19-3	1947	
					For Debtor 1		non	Debtor 2 or a-filing spouse	
	Cop	y line 4 here	4.		\$ 6,756	5.72	\$_	0.0	<u>10 </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 1,252		\$_	0.0	
	5b.	Mandatory contributions for retirement plans	5b			0.16	\$_ \$	0.0	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c 5d		·	0.00 3.27	* *	0.0	
	5e.	Insurance	5e		:	5.2 <i>1</i> 5.18	\$ -	0.0	
	5f.	Domestic support obligations	5f.			0.00	\$_	0.0	
	5g.	Union dues	5g	J.		0.00	\$	0.0	
	5h.	Other deductions. Specify:	5h	1.+	\$	0.00	+ \$ _	0.0	10
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 2,737	7.41	\$_	0.0	10
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,019	9.31	\$	0.0	00_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a	١.	\$ (0.00	\$	0.0	0
	8b.	Interest and dividends	8b).		0.00	\$	0.0	00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	: .	\$	0.00	\$	0.0	10
	8d.	Unemployment compensation	8d	١.		0.00	\$	0.0	
	8e.	Social Security	8e	.		0.00	\$	0.0	00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	_	\$	0.00	\$	0.0	00
	8g.	Pension or retirement income	 8g	١.		0.00	\$	0.0	
	8h.	Other monthly income. Specify: part-time #1	8h	1.+	\$ 1,290	0.00	+ \$ _	0.0	00
		part-time #2			\$2,000	0.00	\$	0.0	00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$3,290	0.00	\$_	0.	.00
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	7,309.31	+ \$		0.00 = \$	7,309.31
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ť-	7,000.01	* -		0.00	7,000.01
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe		-			Schedule J. 11. +\$_	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12. \$ Coml	7,309.31
13	Dον	you expect an increase or decrease within the year after you file this form	?					mont	hly income
.0.		No.	-						
		Yes. Explain: Income varies							

Fill	in this informa	tion to identify yo	our case:					
	tor 1	Letitia A. Ro			_	Che	eck if this is: An amended filing	
Deb	tor 2					-	ŭ	wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Unit	ed States Bankr	ruptcy Court for the	: DISTR	ICT OF NEW JERSEY			MM / DD / YYYY	
	e number 19	9-31947						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	nses				12/1
Be info	as complete a	and accurate as	s possible eded, atta	. If two married people a ach another sheet to this				
Par 1.	t 1: Descr Is this a joir	ribe Your House	ehold					
	■ No. Go to	line 2.	in a sepai	rate household?				
	□ N	0		ial Form 106J-2, <i>Expenses</i>	s for Separate House	hold of De	btor 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.		■ Yes.	Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			son		16	■ Yes
							40	□ No
					son		18	■ Yes
								□ No □ Yes
								□ Yes
								☐ Yes
3.	expenses of	oenses include f people other t d your depende	han _	No Yes			_	
exp	imate your ex		our bankr	ly Expenses uptcy filing date unless y sy is filed. If this is a supp				
the		h assistance an		government assistance icluded it on Schedule I: \			Your exp	enses
4.		or home owners and any rent for th		nses for your residence. I or lot.	nclude first mortgage	e 4.	\$	300.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or rente	r's insurance		4b.	·	0.00
		•		upkeep expenses		4c.	·	0.00
		owner's associa				4d.	\$	0.00
5	Additional r	nortaggo navm	onte for w	nur rasidanca such as ho	mo oquity loone	5	Φ.	0.00

ebtor 1 Letitia A. Rodriguez	Case num	ber (if known)	19-31947
Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	0.00
6b. Water, sewer, garbage collection	6b.	\$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	440.00
6d. Other. Specify:	6d.	·	0.00
Food and housekeeping supplies	7.		1,200.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	
	10.		200.00
Personal care products and services		·	250.00
Medical and dental expenses	11.	>	20.00
Transportation. Include gas, maintenance, bus or train fare.	12.	\$	300.00
Do not include car payments.	13.	·	
Entertainment, clubs, recreation, newspapers, magazines, and books			200.00
Charitable contributions and religious donations	14.	Φ	0.00
Insurance.			
Do not include insurance deducted from your pay or included in lines 4 or 20.	15-	¢	
15a. Life insurance	15a.	·	0.00
15b. Health insurance	15b.		0.00
15c. Vehicle insurance	15c.		455.00
15d. Other insurance. Specify:	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:	16.	\$	0.00
Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	325.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	·	0.00
Your payments of alimony, maintenance, and support that you did not report as		·	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
Other payments you make to support others who do not live with you.	•	\$	0.00
Specify:	19.	·	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Sch		ur Income	
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20c.	· ———	
·		·	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
20e. Homeowner's association or condominium dues	20e.		0.00
Other: Specify: student loans	21.	+\$	147.00
taxes		+\$	400.00
Coloulate your monthly expenses			·
Calculate your monthly expenses 22a. Add lines 4 through 21.		•	4 007 00
		\$	4,237.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,237.00
Calaulata waxa manthii mat in aana			· · · · · · · · · · · · · · · · · · ·
Calculate your monthly net income.	22	•	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		7,309.31
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,237.00
			<u> </u>
23c. Subtract your monthly expenses from your monthly income.	00.	·	3,072.31
The result is your <i>monthly net income</i> .	23c.	\$	3,072.31
Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?			ease or decrease because o
■ No.			
☐ Yes. Explain here:			
L ·			

Fill in this information to identify your case:								
Debtor 1	Letitia A. Rodriguez							
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY						
Case number	19-31947							
(if known)								

■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an attorney to help you fill	l out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the summary and schedule that they are true and correct. X /s/ Letitia A. Rodriguez Letitia A. Rodriguez Signature of Debtor 1 Date January 24, 2024 Date	es filed with this declaration and ure of Debtor 2